

**BY ORDER OF THE  
SECRETARY OF THE AIR FORCE**



**AIR FORCE INSTRUCTION 40-101**

**9 MAY 1998**

**AIR FORCE MATERIEL COMMAND  
Supplement 1**

**25 JUNE 2002**

**Medical Command**

**HEALTH PROMOTION PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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OPR: HQ AFMOA/SGOP (Maj Jayne E. Stetto)  
HQ AFMC/SCOZ  
(Major Paul T. Mordini)  
Supersedes AFI 40-101, 19 July 1994.  
AFI40-101/AFMCS1, 30 Nov 2000

Certified by: AFMOA/CC  
(May Gen Earl WI Mabry II)  
HQ AFMC/SGO (Col Dian L. Atkins)  
Pages: 19  
Distribution: F

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This instruction implements AFI 40-1, *Health Promotion*. It gives requirements for operating, managing, and evaluating of the Air Force Health Promotion Program (HPP). It applies to all Air Force members, retirees, and beneficiaries; Air Force civilian personnel; US Air Force Reserve and Air National Guard members on active duty orders for 31 consecutive days or more; and retirees of the Air Reserve Component (ARC). It implements Department of Defense (DoD) Directive 1010.10, *Health Promotion*, March 11, 1986, with Changes 1 and 2; DoD Instruction 1010.15, *Smoke-Free Workplace*, March 7, 1994; and *Healthy People 2000: DoD Health Promotion and Disease Prevention Objectives*, May 1, 1992. It interfaces with AFI 40-102, *Tobacco Use in the Air Force*; AFI 40-104, *Nutrition Education*; AFI 40-501, *Air Force Fitness Program (AFFP)*; AFI 40-502, *The Weight Management Program (WMP)*; AFI 44-153, *Suicide Prevention Education and Community Training*; and AFI 40-XXX *Health and Wellness Centers (HAWCs)*. The Privacy Act of 1974 applies to this AFI. Title 10, United States Code (U.S.C.), Section 8013, and Executive Order 9397 are authorities for establishing and keeping records. Send comments any suggested improvements on AF Form 847, *Recommendation for Change of Publication*, through channels, to HQ AFMOA/SGOP, 110 Luke Avenue, Room 400, Bolling AFB DC 20332-7050. See attachment 1 for a glossary of references, abbreviations, acronyms, and terms.

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**(AFMC)** This supplement implements AFI 40-101, *Health Promotion Program*, and expands on the basic guidance provided. It applies to all Air Force members assigned or administratively attached to AFMC, retirees, and beneficiaries; Air Force civilian personnel; US Air Force Reserve and Air National Guard members on active duty orders for 31 consecutive days or more; and retirees of the Air Reserve Component. Use this supplement in place of any previous guidance. If supplemented, submit a copy to HQ AFMC/SGOZ, 4225 Logistics Avenue, Suite 23, Wright-Patterson AFB OH 45433-5762.

## ***SUMMARY OF REVISIONS***

This is a complete revision of the AFI.

**(AFMC)** Changes requirement for Health Fitness Instructor (HFI) to recommendation and clarifies need for dietitian. Changes HFI certification requirements. Clarifies role of 4D when assigned to a HAWC with Nutritional Medicine support and joint, HAWC/Services, marketing strategies.

**AFI 40-101, 9 May 98, is supplemented as follows:**

### ***Section A— Program Definition and Purpose***

**1. Program Definition.** Health Promotion (HP) is the science and art of helping people change lifestyle behaviors to move toward a balance of physical, emotional, intellectual, social, and spiritual health. To facilitate changes, health promotion incorporates a combination of social change strategies, namely: leadership, technology, economic, political/legal, education, social marketing.

#### **2. Program Purpose.**

2.1. The purpose of the Air Force HPP is to enhance readiness through optimal health and total force fitness while supporting accessible, cost effective, and quality health care delivery.

2.1.1. HPPs are dedicated to health, performance enhancement, and disease/injury prevention. The goals are to increase personal performance and effectiveness as well as reduce preventable illness and injuries for Air Force people and their families.

2.1.2. The identification and reduction of individual, family, unit, and group modifiable health risks, through effective teaming with other professionals forms the basis of Air Force HPPs.

2.2. HPPs include, as a minimum, the following awareness, education, and intervention core programs: a Health Evaluation Assessment Review (HEAR) in conjunction with the Preventive Health Assessment (PHA) to address both wellness perceptions and health risks; early intervention for increasing personal performance and minimizing health risks; cycle ergometry fitness assessment and exercise prescriptions; fitness enhancement and conditioning; tobacco cessation, prevention and deglamorization; drug and alcohol abuse awareness and prevention; general nutrition for all ages; injury and disease risk education; and stress management and prevention.

2.3. Air Force HPPs will generally be offered within the HAWC, but are not restricted to the HAWC. Worksite wellness and community-based HPP programs will also be offered.

### ***Section B— Responsibilities***

#### **3. Chief, Prevention Division and Chief, Health Promotion (AFMOA/ SGOP).**

3.1. Supports the strategic plan developed by the AF/SG to guide HPP plans, implementation, and execution.

3.1.1. Reviews and procures policy and management systems to aid in the implementation of the AF Medical Service (AFMS) strategic plan.

3.2. Develops and recommends changes to HP policy.

3.3. Coordinates annual training conference and formal training sessions for Health Promotion Managers (HPM) and Health Promotion Directors (HPD).

3.4. Tracks annual metrics for compliance with AF policy and performance-based measures as defined in AFPD 40-1.

**4. MAJCOM Commander (MAJCOM/CC).** Provides leadership to the command HPP.

4.1. (Added-AFMC) Ensure adequate line resources to support sustainment of command HAWC and effective health promotion and fitness programs.

**5. MAJCOM Surgeon (MAJCOM/SG).**

5.1. Assigns most qualified medical service officer (or civilian grade equivalent) to be the command HPD.

5.2. Reviews and approves the command health promotion goals and objectives.

5.3. Evaluates the effectiveness of command health promotion programs.

5.4. Briefs the MAJCOM/CC on the status of the Command HPP and HAWCs.

5.5. Ensures HAWCs are fully staffed and resourced according to most recent program guidance.

5.6. Attends or designates attendee to appropriate MAJCOM committees (e.g. Community Action Information Board (CAIB) or Care on Target Team), to address issues and concerns related to health promotion, disease prevention, and behavioral health risks.

**6. MAJCOM Health Promotion Director (MAJCOM/HPD).**

6.1. Advises the MAJCOM/CC and SG on health promotion issues.

6.2. Establishes annual MAJCOM goals related to HP that support AFMS strategic plan.

6.3. Establishes a consolidated plan with MAJCOM/CC and MAJCOM/SG to ensure adequate resources (staffing, facility, finance) to support the command HPP.

6.4. Evaluates the effectiveness of installation HPPs in achieving MAJCOM goals and objectives.

6.4.1. (Added-AFMC) Conducts staff assistance visits to each HAWC upon request using local HAWC funds.

6.5. Maintains a current roster of installation HPMs, alternates, and assistants; provides changes to AFMOA/SGOP.

6.6. Reviews and forwards metric data to AFMOA/SGOP as directed by AFPD 40-1.

6.7. Provides health promotion guidance and instructions to assigned installation HPMs to help them in developing and implementing programs; performs staff assistance visits as needed.

6.8. Selects an experienced HPM within the MAJCOM to function as command consultant for HP for the other HPMs.

6.9. Selects an experienced IFPM within the MAJCOM to function as command consultant for fitness for the other IFPMs.

## **7. Installation Commander.**

- 7.1. Provides leadership and guidance for the implementation of an integrated and comprehensive HPP.
- 7.2. Supports HPP initiatives through authorization of regular briefings by functional experts to installation senior leadership on health of the force issues (e.g., tobacco, fitness, alcohol).
- 7.3. Appoints, in writing, pro-active line and medical personnel as members of a multidisciplinary installation health promotion working group (HPWG).
- 7.4. Chairs (or designates an alternate to chair) the HPWG.
- 7.5. Programs and allocates sufficient appropriated funding (APF) and staffing resources to support effective HAWC operations.
- 7.5. (AFMC) Ensures Responsibility Center/Cost Center 5969 is established for the HAWC (FAC is 5321) operational expense elements.
- 7.6. Reviews installation metric data prior to submission to MAJCOM/HPD and AFMOA/SGOP.
- 7.7. Ensures centralized fitness testing within the HAWC to guarantee proper fitness testing standardization and evaluation.
- 7.8. In conjunction with the MDG/CC ensures adequate and qualified staff assigned to the HAWC.
- 7.8. (AFMC) Staffing, as a minimum, will be: one health promotion manager (HPM), one medical technician (two, if total force is greater than 6,000), one exercise physiologist, and one information manager. If base total force exceeds 6,000, highly recommend a health/fitness instructor to augment the Fitness Program staff. If the medical treatment facility does not provide nutritional medicine services, staffing should include a registered dietitian.

## **8. Commander/Director, Services (SV).**

- 8.1. Functions, or appoints the deputy, as a liaison between SVS and the HAWC to ensure fully integrated SVS and HP activities.
- 8.2. Ensures the Combat Support Flight Chief (APF) and the Business Operations Flight Chief (NAF) act as the SVS representatives for the fitness center and APF and NAF food/dining activities to the HPWG.
  - 8.2.1. The Combat Support and Business Operations Flight Chiefs, with assistance from the HPM, accomplish the Check It Out checklist for healthy food identification at least semi-annually for all APF and NAF SVS food/dining activities.
  - 8.2.2. Checklist data is presented by the SVS representatives at the HPWG (or other HP fora) for inclusion into the meeting minutes.
  - 8.2.3. Completed checklists will be locally staffed by the SVS representatives and forwarded to the MAJCOM/SV.
    - 8.2.3.1. HPMs will forward copies of the completed checklists to the MAJCOM Dietitian.
- 8.3. Ensures that food service workers prepare foods in compliance with the Dietary Guidelines for Americans and the USDA Food Pyramid Guidelines.

8.3.1. Ensures foods in all APF and NAF food/dining activities are labeled and available in accordance with the Check It Out nutrition and education training program as outlined in AFI 40-104, Nutrition Education.

8.4. Ensures SVS members assigned to the fitness centers are qualified and trained to provide physical fitness education to members on the installation.

8.4. (AFMC) Ensures fitness center staff members receive American College of Sports Medicine (ACSM) exercise specialist; Cooper Institute for Aerobics Research (CIAR) or equivalent, certification to assist customers improve and enhance their fitness conditioning programs.

8.5. (Added-AFMC) Ensures the fitness center director collaborates with the HAWC staff to provide an integrated health and fitness program.

8.5.1. (Added-AFMC) In conjunction with the fitness program manager (FPM), develops the Air Force Fitness Program's fitness improvement programs (e.g., self-directed fitness improvement program, monitored fitness improvement program) and provides to members at no cost.

8.5.2. (Added-AFMC) Develops fitness programs based on fitness conditioning prescriptions from the HAWC. Offers incentive programs for exercise participation.

8.5.3. (Added-AFMC) Collaborates with the HPM to identify fitness center staff training needs. Ensures attendance at training sessions by all fitness center staff and proper annotation of personnel training records.

8.5.4. (Added-AFMC) Consults with the HAWC staff on the purchase of exercise equipment.

8.5.5. (Added-AFMC) Designates two to three members of their staff to augment the HAWC in conducting official body fat measurements. Duties should not exceed 2 man-hours per week unless mutually agreed upon by the Services Combat Support Flight Commander/Chief and the HPM. The augmentation times should be scheduled at the same time every week, if possible, to ease fitness center manpower scheduling.

8.6. (Added-AFMC) Ensures marketing staff collaborates with the HAWC to promote joint health and fitness programs. Ensures fitness programs offered in the HAWC are billed as joint Health Promotion/Services activities by the Services marketing division. Information is routed to the Fitness Center Manager for joint promotion through Services avenues.

8.7. (Added-AFMC) Advocates programs and allocates sufficient funding to support effective health and fitness programs.

8.8. (Added-AFMC) Ensures HAWC's integration with fitness center is addressed in any renovation or construction plan.

## **9. Medical Group Commander (MDG/CC).**

9.1. Provides medical leadership and guidance through the appropriate squadron commander for the implementation of integrated HP, HAWC, Put Prevention Into Practice (PPIP) and Preventive Health Assessment (PHA) activities.

9.2. Programs and allocates sufficient Defense Health Program (DHP) funding to support productive and effective HPP operations.

9.3. Ensures and advocates for the authorization of adequate resources for the HPP from both medical and line funding sources.

9.4. Supports the HPM in all health promotion initiatives.

9.5. Ensures and facilitates HPM interface with senior base leaders on a regular basis for health and wellness updates, resourcing, etc.

9.6. In conjunction with the Installation Commander, ensures adequate and qualified staff are assigned to the HAWC. Staffing, as a minimum, will be: one HPM, one medical technician (two if base total force population greater than 6,000), one exercise physiologist, and one information manager.

9.6.1. Ensures members assigned to the HAWC are qualified and trained to provide professional oversight and training on HP topics to other base agencies.

9.7. (Added-AFMC) Explores and engages cooperative efforts with Services Squadron/Division to develop economies by sharing contracts (i.e., equipment maintenance, linens, etc.)

## **10. Aerospace Medicine Squadron Commander (AMDS/CC) or Medical Operations Squadron Commander (MDOS/CC)**

10.1. Oversees the installation HPP.

10.1.1. Ensures integration of all health promotion and disease prevention programs.

10.1.1. (AFMC) Ensures integration of all health promotion and disease prevention programs in support of population health to include PCO and Preventive Health Assessments.

10.2. Appoints a medical provider, preferably with preventive medicine experience, as the medical advisor to the HPP.

10.3. Appoints a provider, preferably with sports medicine or physiology experience, as the medical liaison officer to the AF Fitness Program (AFFP).

10.4. Ensures and advocates, through the medical executive committee, for the authorization of adequate resources for the HPP from both medical and line funding sources.

10.5. Ensures programming, planning, and budgeting to support the professional development of the HPM e.g., Epidemiology, fitness, nutrition, or related certifications.

## **11. Installation HPM.**

11.1. Administrative and Management Functions.

11.1.1. Receives the professional development necessary (i.e., Cooper Institute for Aerobics Research Health Promotion Director Certification within three months of assignment) to provide high quality HPPs.

11.1.2. Serves as assistant chairperson of the installation HPWG and is an active member of the Integrated Delivery System (IDS) team, and Medical Treatment Facility (MTF) Prevention Committee.

11.1.3. Recommends to installation commander appointment of line and medical personnel to HPWG; provides guidance and training for appointed members.

11.1.4. Manages, plans, and conducts the installation HPP and manages the installation Health and Wellness Center (HAWC)

11.1.4.1. Oversees and evaluates all HAWC staff members.

11.1.5. Develops budgets for both line (APF) and medical (DHP) funding to support a successful, high quality HPP and HAWC.

11.1.5. (AFMC) Ensures financial plans (line and Defense Health program) has a line item functional statement in the Description of Operations under Program Data; a line item showing total funding requirements under Program Summary for Funding; and a document of statement of need, if unfunded requirements exist. Ensures funding is loaded to RCCC, PEC, and EEIC levels during initial distribution funding.

11.1.5.1. Works with installation financial management (FM) team and MTF RMO for budget development and strategic planning of resources.

11.1.6. Establishes installation process and outcome objectives, in cooperation with the HPWG members, consistent with MAJCOM goals and addressing the specific needs of the installation. All goals support the AFMS strategic plan.

11.1.7. Reviews and forwards metric data to MAJCOM HPD after coordination with installation commander as defined in AFPD 40-1.

11.1.8. Develops local HPP instructions to guide program execution and ensure established parameters for client referral and follow-up

11.1.9. Establishes and maintains liaison with supporting installation staff, medical personnel, and other base agencies (i.e. Child Development Center, Family Support Center) to ensure an integrated health promotion and disease and injury prevention program.

11.1.9.1. (Added-AFMC) Collaborates with the Services Combat Flight Commander to identify fitness center staff training needs. Schedules ongoing training with the fitness center director.

11.1.9.2. (Added-AFMC) Consults with Services when the installation fitness center is assessed for add/alter or new building status for possible HAWC construction/renovation needs.

11.1.10. HPM actively supports health risk reduction and program planning efforts of the PPIP Coordinator, Chief, Health Care Integration (HCI), and PHA programs.

11.1.11. Establishes partnership and provides HP input to the medical managed care team (e.g., PPIP, Utilization Management (UM), HCI, etc.).

11.1.12. Active participant in MTF strategic planning process e.g., mission support plan, strategic plan resourcing tool, prevention plans, etc.

11.1.13. Ensures and coordinates activities and scheduling for each core program (see 2.2) at the HAWC, worksite, and/or community locations.

11.1.13.1. (Added-AFMC) Coordinates dates and times with Services Combat Support Flight Commander/Chief for fitness center staff to conduct body fat measurements in the HAWC. If more than 2 man-hours per week are required, will work together to determine if additional support can be provided without degrading fitness center mission capability.

11.1.13.2. (Added-AFMC) Ensures all Services augmentees are properly trained on body fat measurement procedures.

11.1.13.3. (Added-AFMC) Coordinates purchase of demonstration exercise equipment for HAWC (excluding equipment for exercise testing such as cycle ergometers, mats, etc.) with Services at the local level in accordance with Allowance Standard 410.

#### 11.2. Health Status, Needs Assessment, and Program Evaluation Functions.

11.2.1. Works with the Aerospace Medicine Team to ensure sound epidemiological principles are applied to the assessment and evaluation process of all HP programs and supports the PHA.

11.2.2. Uses data from the HEAR to identify population health risk status and to guide development of HP and prevention programs.

11.2.3. Community needs assessment data is obtained in conjunction with the IDS, Family Support Center and SVs community needs assessments. Information gathered from these needs assessments will also guide the direction of HPP development and strategy.

11.2.4. Provides HPP activity and outcome-based data to the Aerospace Medicine Team, HPWG, IDS team, and MTF Prevention Committee to serve as a basis for establishing health promotion and disease and injury prevention priorities.

11.2.4.1. Monitors program metrics and ensures adequate progress toward established goals.

11.2.5. Assists IDS team with installation behavior risk reduction programs, as identified by the behavioral health survey.

#### 11.3. Marketing and Communication Functions.

11.3.1. Facilitates and oversees administration of multimedia, targeted health enhancement programs, utilizing social marketing and risk communication principles.

11.3.1. (AFMC) Coordinates event logistics prior to seeking marketing support from Services marketing department.

11.3.2. Uses national health observances to conduct special campaigns and awareness programs.

11.3.2. (AFMC) Coordinates with Services Combat Support Flight commander/chief, marketing of exercise classes offered within the HAWC as joint Health Promotion/Services activities.

11.3.2.1. (Added-AFMC) Collaborates with the Fitness Center Director to establish and sustain a cooperative marketing program for HAWCs and fitness activities to be included in the annual Fitness Center marketing plan to encourage healthy lifestyle changes.

11.3.3. Serves as the health promotion resource to the Chief, Health Care Integration and PPIP Coordinator.

11.3.3.1. Provides input for the establishment of specific strategies for accessing “at risk” populations based on HEAR data and other epidemiological tools.

#### 11.4. Lifestyle Modification and Support Programs.

11.4.1. Coordinates and directs: total fitness enhancement, tobacco use reduction and cessation, nutrition, cardiovascular disease prevention, cancer prevention, stress management programs, and related wellness programs.



11.4.1.1. Collaborates with the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) program manager on topics related to alcohol and substance abuse prevention.

11.4.1.2. (Added-AFMC) If the HAWC is not collocated with the fitness center, coordinate policy identifying the parameters of all behavior modification programs that include fitness training in the HAWC with a Services representative. The policy should identify targeted population, any specific equipment needs beyond the basic requirements, and establish a requirement for an exercise prescription to include the length of the program.

11.4.2. Coordinates, with the assistance of MTF Prevention Committee members, public awareness campaigns for demand management programs (i.e., medical self-care, nurse advice line).

11.4.2.1. Assists to ensure adequate programming of awareness, educational, motivational, and intervention programs to target multiple risk populations.

11.4.3. Provides risk reduction prevention programs in support of the PPIP and PHA Programs.

### **11.5. Tailored Morbidity and Mortality Programs.**

11.5.1. Coordinates with the Aerospace Medicine Team to establish strategies for compressing morbidity and reducing mortality of the active duty and civil servant populations.

11.5.2. Priorities consider readiness requirements, medical resource constraints, and identified “at risk” populations.

## **12. Installation Fitness Program Manager (IFPM).**

12.1. Ideally, the IFPM holds a degree in exercise physiology.

12.2. The IFPM implements the AFFP IAW AFI 40-501, Air Force Fitness Program.

12.2.1. Receives professional development required (e.g., The American College of Sports Medicine (ACSM) Health Fitness Instructor (HFI) certification within one year of hire) to provide a high quality, scientifically based fitness program.

12.3. Coordinates with the unit commanders to ensure active duty members complete a valid fitness assessment every calendar year.

12.4. Ensures training and oversees test administration for unit fitness assessment monitors (FAM).

12.4.1. Provides training to fitness center staff, on a space available basis, at the request of the SV Combat Support Flight Commander or Chief.

12.5. May be designated by the HPM to manage the HAWC and oversee staff, in the HPM’s absence.

12.6. Ensures active duty members are knowledgeable in fitness conditioning programs and provides the information needed to develop an effective physical conditioning program.

12.7. Provides fitness counseling and fitness assessments to family members, federal government civilian employees, and retirees on a space available basis.

12.7.1. Participates in the installation ergonomics program.

12.7.1.1. Collaborates with occupational medicine experts to develop scientifically sound occupational conditioning programs.

12.8. Provides briefings and educational sessions in fitness enhancement on a regular basis to every unit on base.

12.9. (Added-AFMC) In conjunction with the fitness center director develops the Air Force fitness improvement programs (e.g., self-directed fitness improvement program and monitored fitness improvement program.)

12.10. (Added-AFMC) Serves as an advisor/consultant to the Fitness Center Director on matters directly relating to exercise activities in the fitness center (within the scope of education and expertise of the FPM.) Areas of concentration are Fitness Improvement Programs (FIP), automated fitness assessments, and fitness activities requiring exercise knowledge.

12.11. (Added-AFMC) Provides ongoing training to the fitness center staff at least quarterly.

12.11.1. (Added-AFMC) Training materials used should be those readily available within the HAWC, and may include materials being used in conjunction with the FIPs.

### **13. Installation HPWG.**

13.1. The goal of the HPWG is to develop focused and integrated HPPs that provide the necessary education and support to build the healthiest AF community possible.

13.2. The HPWG will be chaired by the Installation or Wing/CC or designate. Co-chair is the HPM. Members of the group must include representatives from any base area pivotal to improving the health and wellness of the base.

13.2.1. Members are appointed in writing by the installation commander.

13.3. The installation HPWG will address the core HPP areas and individual and unit modifiable behavioral health risks.

13.3.1. The name of the installation HPWG may be modified by the MAJCOM, e.g., Care on Target Team, Wellness Council, Wellness Executive Board, etc.. The goal and composition will not change.

13.3.2. The group meets at least quarterly.

13.3.3. Members are proactive, dynamic contributors and believe in health and wellness promotion and disease and injury prevention.

13.3.4. If the HPWG takes on the additional role of the Community Action Information Board subcommittee, it will also be governed by AFI 36-3009, Family Support Center Program.

13.4. Program metrics will be reviewed at the HPWG meeting. Modifications to programs and new program development will be guided by the functional area experts, with oversight by the HPM.

13.4.1. (Added-AFMC) Suicide prevention education and community training metrics will be monitored through the base health promotion working group or the base integrated delivery system as designated by the installation commander.

*Section C— Health Promotion Programs***14. Tobacco Prevention and Cessation.**

**14.1. The Air Force's goal is a tobacco free force.** The HPM ensures cessation programs are offered for military, family members, retirees during and after duty hours as needed. Federal civilian employees may participate on a space-available basis.

14.1.1. All beneficiaries identified, through the HEAR or other assessment method, as wanting to quit or attempting to quit tobacco products will be contacted via letter or telephone and provided the desired information regarding tobacco cessation.

14.2. A medical professional, with behavior modification expertise, will be appointed by the MTF commander as an advisor and consultant for the tobacco cessation program.

14.2.1. This individual may oversee the development and administration of the tobacco cessation program as other taskings allow.

14.3. Medical Group Commanders should make nicotine replacement therapy available to all eligible beneficiaries, provided that it is not medically contraindicated.

14.4. Tobacco cessation facilitators should have behavior modification training for conducting these programs.

14.4.1. Training may be conducted by the appointed behavior modification professional.

14.5. HPM ensures follow-up surveys are conducted of tobacco cessation program participants at the 6-month and 1-year post quit points to measure program outcome success.

14.5.1. Participants who have returned to tobacco use, should have their current stage of change assessed and those prepared to attempt cessation again will receive appropriate guidance.

**15. Total Fitness Enhancement.**

15.1. Total fitness enhancement includes awareness, education, motivation, and intervention programs for all lifestyle behaviors that effect blood pressure, cholesterol, body weight and body fat.

15.1.1. Other programs under this heading include: general nutrition for all ages, strength and flexibility training, and support of substance abuse and harm reduction programs.

15.1.2. (Added-AFMC) Fitness improvement is one of the key programs offered at the HAWC. The FPM may utilize a fitness demonstration area in the HAWC to instruct proper usage of fitness equipment, monitoring participation until behavior modification has occurred. Clients are expected to utilize fitness centers for fitness conditioning, once the behavior modification program is complete.

15.2. Total Fitness Enhancement Programs may be conducted by the HPM, IFPM, or other qualified personnel using scientifically and medically sound protocols and guidance.

15.2.1. All installation newcomers will receive a total fitness enhancement awareness briefing and HAWC orientation and tour.

15.2.1.1. Appointments for both the briefing and the tour will be scheduled during the base intro process and should occur within 30 days of inprocessing.

15.2.2. The briefing should include (but is not limited to) general information on total fitness enhancement, including aerobic exercise (i.e. Target heart rate calculation), HAWC services, and program accessibility.

15.2.3. New senior installation leaders (wing/group/squadron commanders) will receive information regarding the specific wellness needs of their population in addition to a personalized total fitness enhancement briefing and HAWC orientation and tour.

15.3. Non-official body fat measurements may be conducted by HAWC personnel for the purposes of HP information, education, and progress data points only.

15.3.1. Non-official body fat measurements may be accomplished by HAWC personnel using: Body Mass Index, calipers, electrical impedance, infrared light.

15.3.1.1. These measurements will not be used for official purposes; official body fat measurements are accomplished as prescribed in AFI 40-502, The Weight Management Program.

15.4. Non-official body fat measurement results

may not be submitted for official AF WMP measurements.

## **16. Nutrition Education.**

16.1. Nutrition education programs (e.g., NCI's "5-a-Day" Program, the FDA Food Labeling Program, and the AF "Check It Out" program) or general nutrition classes may be offered by the HPM, registered dietitian, diet therapy craftsman, medical professionals and other qualified personnel. Efforts are meant to complement those of Services food facilities.

16.1.1. Qualified HAWC staff will serve as a resource to the SV dining facility managers on issues related to the AF healthy food choices identification program, "Check It Out," and provide requested dining facility staff training as time permits.

16.1.2. HPMs will forward copies of the completed "Check It Out" checklists, after presentation at the HPWG by the SVS representative, to the MAJCOM Dietitian.

16.2. WMP nutrition counseling may be conducted in the HAWC, IAW AFI 40-502, Weight Management Program, AFI 44-135, Clinical Dietetics, and AFI 40-104, Nutrition Education guidelines.

16.2.1. All prescriptive diets (e.g. 2000 calorie ADA, 40gm protein, etc.) must be accomplished by the appropriately registered or certified personnel IAW AFI 44-135, Clinical Dietetics.

16.2.2. (Added-AFMC) All medical nutrition therapy must be scheduled in CHCS and use the BALA MEPRs code.

16.3. (Added-AFMC) Dietitians and diet therapy technicians assigned to the HAWC will provide general nutrition education. Programs may include commissary tours; Dietary Pyramid education; review and assessment of eating habits and food diaries; generic high fiber, low salt, low cholesterol, weight loss diets; general nutrition protocols; national healthy nutrition programs; National Nutrition Month; sports nutrition, etc. Only privileged registered dietitians, certified diet therapy technicians, or others certified by the AFMC consultant dietitian may provide medical nutrition therapy (MNT). Medical nutrition therapy requires the assessment of nutritional status followed by therapy that includes assessment, counseling, and reassessment of nutrition risk. MNT requires an individualized

diet, prescribes a specific level of nutrient, and/or is of significance to the provider to adequately provide the remainder of the medical care.

## **17. Stress Management.**

17.1. Organizational, environmental, and personal stresses impact the health of the individual as well as the productivity and cost to the institution. Programs to identify, prevent, and reduce stress are offered at each installation by personnel trained in stress management.

17.2. The IDS chairperson is responsible for coordination of all base stress management/prevention programs and ensures that program quality control and expert review are accomplished as needed.

17.2.1. The HPM will support stress management program administration.

## **18. Substance Abuse Prevention and Personal Harm Reduction.**

18.1. Effects of alcohol misuse and illicit drug abuse on health are: impaired thinking and reacting, contributors to morbidity and mortality, inappropriate behavior toward others, and increased health care costs.

18.2. The Mental Health (MH) representative to the HPWG and IDS, in conjunction with the HPM, will assess available data to plan and implement substance abuse prevention and harm reduction activities.

18.3. Substance abuse and harm reduction education and prevention programs are planned and evaluated by trained MH personnel.

18.3.1. Program implementation and administration efforts by the MH personnel are actively supported by the HPM.

## **19. Cardiovascular, Cancer, Health Risk Reduction and Other Prevention Efforts.**

19.1. Based on established priorities, the HPM conducts public information and social marketing campaigns on cardiovascular and cancer prevention, dental health and prevention, injury (on and off duty) reduction, and other locally identified preventive efforts.

19.1.1. Data derived from tools such as the HEAR and behavioral health survey (BHS) are used by the HPM to identify "at risk" groups and to provide commanders with unit level information.

19.1.2. The HEAR is the enrollment tool for TRICARE, and the health assessment tool for the PPIP and PHA Programs, worksite wellness assessments, and one-on-one health risk appraisal assessment.

19.1.3. The HPM, with assistance from MTF computer systems personnel, will query the data base to identify individuals, units, or groups for targeted intervention of modifiable health risks and to guide HPP development.

19.2. Efforts to reduce risks for cancer and cardiovascular disease should target identified "at risk" populations.

19.3. Referrals from providers within the MTF to the HAWC and HPPs are critical for risk reduction programming. Referrals will be accomplished IAW local policy.

19.3.1. Referrals to providers within the MTF from the HAWC staff are made when parameters are outside those established by local OIs.

19.3.2. MTF OIs and HPP OIs identify processes for follow-up to measure outcome.

19.4. Worksite wellness programs increase awareness and offer intervention opportunities. The HPM will coordinate visits to worksites by HAWC staff, to provide HP awareness/education, in conjunction with existing public health, flight medicine, and bioenvironmental engineering worksite visit schedules.

19.4.1. Worksites should be visited semi-annually.

## **20. Prevention-Based Demand Management Programs.**

20.1. Medical self-care programs and healthcare advice lines are a collaborative effort to reduce health care demand and are guided by the Prevention Committee

20.1. (AFMC) All members of the MTF must be trained in the proper use of a medical self-care book, and knowledgeable about all components of the medical self-care program for their MTF.

20.1.1. These programs are advocated for and actively advertised by the HPM and HAWC staff.

20.2. Model self-care programs include the following elements:

20.2.1. Books or manuals (e.g., *Take Care of Yourself* or *Healthwise Handbook*)

20.2.2. Formal instruction on how to use the book

20.2.3. Informed decision making about when to seek medical care, and at what level to access the health care system

20.2.4. Telephone advice lines

20.3. The HPM will review the use of the self care manuals and the telephone advice line at community-based fora, such as base newcomer orientation.

## **21. Preventive Health Assessment (PHA)**

21.1. The PHA is PPIP for active duty members.

21.1.1. PHA incorporates non-flying physical exams, occupational health exams, periodic flying and special operational duty exams, and fitness testing results.

21.2. The PHA includes: the HEAR, annual medical and military unique records review, immunization records review, and a focused physical exam determined by occupation/risk factors/age/gender.

21.3. The MTF/CC is responsible to ensure the implementation of the PHA.

21.3.1. The Chief of Aerospace Medicine is the OPR for implementation and administration of the PHA.

21.3.2. HPM involvement with the PHA will be determined by local implementation plan.

***Section D— Collecting and Reporting Data for Health Promotion Program Metrics***

**22. Required Metrics.** AFPD 40-1 outlines the metrics required for annual submission to AFMOA/SGOP via MAJCOM HPDs.

22.1. AFMOA/SGOP and MAJCOM HPDs may require the tracking of additional metrics to monitor progress toward MAJCOM goals.

22.2. Locally identified metrics will be tracked IAW locally developed policy.

22.3. Reporting of metrics will be discontinued during emergency conditions as directed by the headquarters governing agency.

***Section E— Air National Guard (ANG) Health Promotion Program.***

**23. ANG Health Promotion.** The goal of the program is to enhance readiness and reduce preventable illness and injury in the traditional ANG member.

23.1. The ANG unit HPM is an officer with a medical AFSC. The HPM is appointed in writing by the unit commander.

23.1.1. HPMs will ensure HPPs are made available to all ANG unit members. Primary programs will include: physical fitness, nutrition and tobacco use.

23.1.2. The HPM will establish an ANG unit HPWG (using guidelines in this AFI: para 11.1.2.-11.1.3.)

23.2. In cooperation with HPWG members, the HPM establishes process and outcome objectives consistent with ANG goals and specific needs of the population. 23.2.1. All goals support the AFMS strategic plan.

**24. (Added-AFMC) Health/Fitness Instructor (HFI):**

24.1. (Added-AFMC) The HFI will assist the FPM in implementing the Fitness Program as defined in AFI 40-501, *Air Force Fitness Program*.

24.2. (Added-AFMC) HFI duties will include instructing personnel in conditioning equipment usage; ensuring monitored fitness improvement programs are conducted and implemented appropriately; and assist in fitness assessments and developing exercise prescriptions for active duty members, family members, retirees, and DoD civilians.

24.3. (Added-AFMC) Examines all components of total health when accomplishing an exercise prescription including stress management, nutrition, family issues, etc.

24.4. (Added-AFMC) Recommend the HFI be certified as a HFI by the American College of Sports Medicine or equivalent fitness organization, e.g., Aerobics and Fitness Association of America.

**25. (Added-AFMC) Medical Technician(s):**

25.1. (Added-AFMC) One or more medical technicians will be assigned to the HAWC. Appropriate AFSCs are 4NXXX, 4EXXX, 4FXXX, 4DXXX, or any other AFSC that provides health education to

patients. If a 4D is assigned as NCOIC of a HAWC supporting a MTF that does not have nutritional medicine services, staffing should include a registered dietitian per paragraph 7.8.

25.2. (Added-AFMC) Serves as NCOIC, assisting HPM with continuous effective administration and direction for health promotion programs (HPP).

25.3. (Added-AFMC) Responsible for fiscal management of APF and DHP HPP budgets.

25.4. (Added-AFMC) Assists in development and execution of intervention methods to meet client needs. Can provide instruction on all HPPs as needed.

25.5. (Added-AFMC) Assists in workforce health screening. Measures blood pressure, height, weight, and body fat.

25.6. (Added-AFMC) As required, conducts submaximal cardiovascular fitness assessments.

**26. (Added-AFMC) Information Manager:**

26.1. (Added-AFMC) Functions as the Workgroup Manager and Computer Systems Security Officer (CSSO) for the HAWC.

26.2. (Added-AFMC) As the database manager, collects, processes, and analyzes statistical data gathered from health related behaviors, fitness testing, and program participation.

26.3. (Added-AFMC) Functions as network administrator in coordination with the MTF's Information System Office.

26.4. (Added-AFMC) Assists with development and maintenance of a health promotion web page.

26.5. (Added-AFMC) Maintains correspondence files, instructions, manuals, and wellness resource center.

CHARLES H. ROADMAN II, Lt. General, USAF, MC  
Surgeon General



**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 40-1, Health Promotion

AFPD 40-5, Air Force Fitness and Weight Management

DoD Directive 1010.10, Health Promotion, March 11, 1986, with Changes 1 and 2

DoD Instruction 1010.15, Smoke-Free Workplace, March 7, 1994

Promoting Health 2000: DoD Health Promotion and Disease Prevention Objective, May 1, 1992

AFI 40-102, Tobacco Use in the Air Force

AFI 40-104, Nutrition Education

AFI 40-XXX, Health and Wellness Centers (HAWCs)

AFI 40-501, Air Force Fitness Program

AFI 40-502, The Weight Management Program

AFI 44-153, Suicide Prevention Education and Community Training

Title 10, United States Code, Section 8013

***Abbreviations and Acronyms***

**AFF**—Air Force Form

**AFI**—Air Force Instruction

**AFPD**—Air Force Policy Directive

**AFR**—Air Force Regulation

**AFSVA**—Air Force Services Agency

**ANG**—Air National Guard

**APF**—Appropriated Funds

**ARC**—Air Reserve Component

**BHS**—Behavioral Health Survey

**CAIB**—Community Action Information Board

**DoD**—Department of Defense

**FDA**—Food and Drug Administration

**HEAR**—Health Enrollment Assessment Review

**HP**—Health Promotion

**HPD**—MAJCOM Health Promotion Director

**HPM**—Health Promotion Manager

**HPP**—Health Promotion Program

**HQ AFMOA/CC**—Headquarters Air Force Medical Operations Agency/Commander

**HQ AFMOA/SGOP**—Headquarters Air Force Medical Operations Agency/Prevention Division

**IAW**—In accordance with

**IDS**—Integrated Delivery System

**IFPM**—Installation Fitness Program Manager

**MAJCOM**—Major Command

**MTF**—Medical Treatment Facility

**NAF**—Non-Appropriated Funds

**NCI**—National Cancer Institute

**PGL**—Program Guidance Letter

**PHA**—Preventive Health Assessment

**PPIP**—Putting Prevention into Practice

**SVS**—Services

**USAF**—United States Air Force

**U.S.C.**—United States Code

**WMP**—Weight Management Program

### ***Terms***

**Compressed Morbidity**—The future health of our populations depends upon trends centered around two critical dates: the onset of the time of the first major disease, infirmity, or disability, and the time of death. Most lifetime morbidity is concentrated between these dates. Initiatives need to be directed at compressing the average period between these dates; the goal of compressed morbidity.

**Demand Management**—The collection of strategies and activities that are designed to decrease the need and use of health care services while maximizing the health and well-being of the individual.

**Dietary Guidelines for Americans**—Eating recommendations developed by the Departments of Agriculture and Health and Human Services to improve the health and nutritional status of all people. Americans should:

- Eat a variety of foods
- Maintain health weight
- Choose a diet low in fat, saturated fat, and cholesterol
- Choose a diet with plenty of vegetables, fruits, and grain products
- Use sugars only in moderation
- Use salt and sodium in moderation

- Drink alcoholic beverages in moderation, if used at all

**Healthy People 2000: National Health Promotion and Disease Prevention Objectives**—A document containing a national strategy for significantly improving the health of the Nation over the coming decade.

**Medical Self-Care**—A demand management approach designed to teach a person to maintain the habits that lead to vigor and health, to periodically monitor for those diseases that can occur without notice, and to respond decisively to new problems that arise either in the self-care mode or to seek professional help when needed.

**Modifiable Health Risks**—The 10 modifiable health risks, according to Eddington, et al, are:

- Current Smoker
- Rarely/Never Exercise
- Rarely Use Seat Belt
- Low Life Satisfaction
- Rate General Health as Fair or Poor
- Systolic Blood Pressure > 140
- Diastolic Blood Pressure > 90
- Cholesterol > 240 mg/dl
- > 20 percent Overweight
- > 13 Drinks per Week

**Put Prevention Into Practice (PIIP)**—A clinically-based prevention implementation program developed by the US Public Health Service of the Department of the Health and Human Services, in cooperation with major health related groups and provider organizations. Its purpose is to achieve the health promotion and disease prevention objectives for the Nation established in Healthy People 2000. The goal is to improve the delivery of clinical preventive health promotion services. The material targets three major areas: patients, providers, and staff.

**Preventive Health Assessment Program. (PHA)**—The PHA implements a method of applying physical standards to our active duty force using both PIIP and military-specific requirements as guidelines. PHA incorporates nonflying physical examinations, occupational health physical examinations, periodic flying and special operational duty physical examinations and results of fitness evaluations. A PHA includes a HEAR, a detailed medical records review, an interval medical history, a focused physical examination as determined by the individual's occupation, and an immunization review. The OPR for PHA is the Physical Exams Section of Aerospace Medicine Squadron or Flight.